

*Receipt*  
~~3700~~  
3738  
JM-050 CIP #12  
*Power of Attorney*  
*J. Byrce*  
3/17/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jan-Otto Solem, Per Ola Kimblad  
and Michael Schwager  
Application No.: 09/775,677  
Filed : February 5, 2001  
For : DEVICE AND METHOD FOR TREATMENT  
OF MITRAL INSUFFICIENCY

Hon. Commissioner for Patents  
P. O. Box 2327  
Arlington, VA 22202

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TRANSMITTAL LETTER

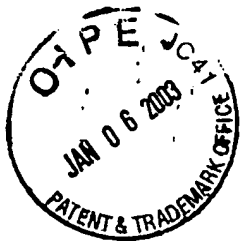
Sir:

Transmitted herewith: [ ] a Preliminary Amendment;  
[ ] a Reply to Office Action; [ ] a Supplemental Amendment;  
[ ] a substitute Specification; [ ] a Declaration; [ ] a  
Supplemental Declaration; [X] a Revocation of Power of  
Attorney and New Power of Attorney; [X] a Request for Change  
of Attorney Docket Number; [ ] formal drawings; to be filed in  
the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[ ] A fee for additional claims is required.



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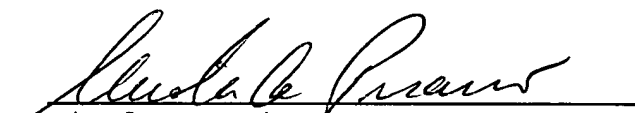
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REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

Sir:

Please change the attorney docket No. to  
JM-050 CIP for the above-identified patent application.

  
Nicola A. Pisano  
Registration No. 34,408  
Attorney for Applicants

Fish & Neave  
Customer No. 1473  
1251 Avenue of the Americas  
New York, NY 10020-1105  
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12-30-2002

LILY X. JIANG

  
Signature of Person Signing

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 9 =	\$
INDEPENDENT CLAIMS	-	** =	X \$ 42 =	\$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$140 =	\$

\* If less than 20, insert 20.

\*\* If less than 3, insert 3.

TOTAL \$           

[ ] A check in the amount of \$\_\_\_\_\_ in payment of the filing fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[ ] Please charge \$\_\_\_\_\_ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

#### EXTENSION FEE

[ ] The following extension is applicable to the Response filed herewith; [ ] \$55.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [ ] \$200.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [ ] \$460.00 extension fee for response within third month pursuant to

37 C.F.R. § 1.136(a); ☐ \$720.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); ☐ \$980.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).

☐ A check in the amount of ☐ \$55.00; ☐ \$200.00; ☐ \$460.00; ☐ \$720.00; ☐ \$980.00; in payment of the extension fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Please charge the ☐ \$55.00; ☐ \$200.00; ☐ \$460.00; ☐ \$720.00; ☐ \$980.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.



Nicola A. Pisano

Registration No. 34,408

Attorney for Applicants

Fish & Neave


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